

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002387

Entity Name: HIGHLAND MEADOWS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**344 HIGHLAND MEADOWS ST
DAVENPORT, FL 33837**Current Mailing Address:**PO BOX 749
DAVENPORT, FL 33836 US**FEI Number:** 20-5009358**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTINEZ, RAFAEL
344 HIGHLAND MEADOWS ST
DAVENPORT, FL 33837 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** RAFAEL MARTINEZ

01/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILLIAMS, ROBERT
Address 673 HIGHLAND MEADOWS AVE
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name MARTINEZ, RAFAEL
Address 344 HIGHLAND MEADOWS ST
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name DEGAETANO, JOHN
Address 1131 HIGHLAND MEADOWS ST
City-State-Zip: DAVENPORT FL 33837

Title TREASURER
Name PAULA COLLINS, PAULA
Address 366 HIGHLAND MEADOWS AVE
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name MUNOZ, JASON
Address 416 HIGHLAND MEADOWS ST
City-State-Zip: DAVEPORT FL 33837

Title SECRETARY
Name NICKS, JOHNNIE
Address 130 HIGHLAND MEADOWS PL
City-State-Zip: DAVENPORT FL 33837

Title VP
Name WENTZ, BRENDA
Address 130 HIGHLAND MEADOWS STREET
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name OLIVER, HEADLY
Address 682 HIGHLAND MEADOWS AVE
City-State-Zip: DAVENPORT FL 33837

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT WILLIAMS

PRESIDENT

01/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	REILLY, NEIL
Address	623 HIGHLAND MEADOWS AVE
City-State-Zip:	DAVENPORT FL 33837